



Charts of Selected Black vs. White Chronic Disease SHIP Metrics:

Mid-Shore Health Improvement Coalition
(*Caroline, Dorchester, Kent,
Queen Anne's and Talbot Counties*)

Prepared by the
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Introduction

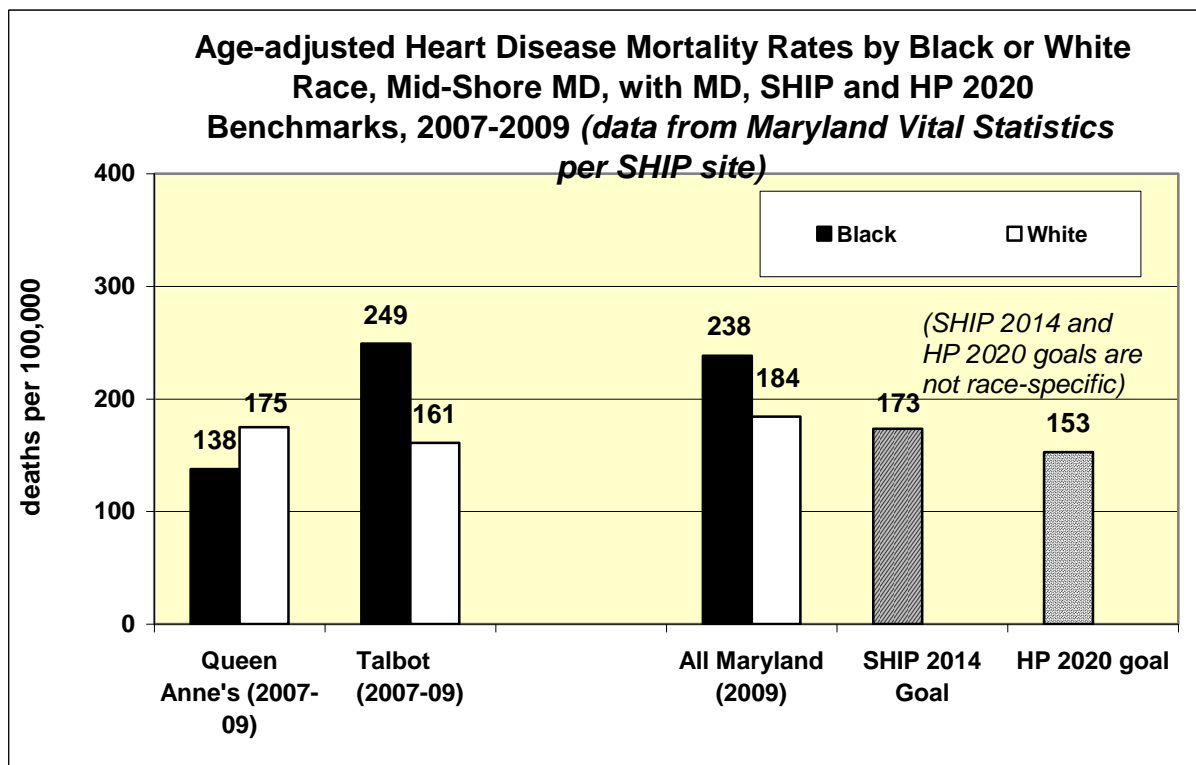
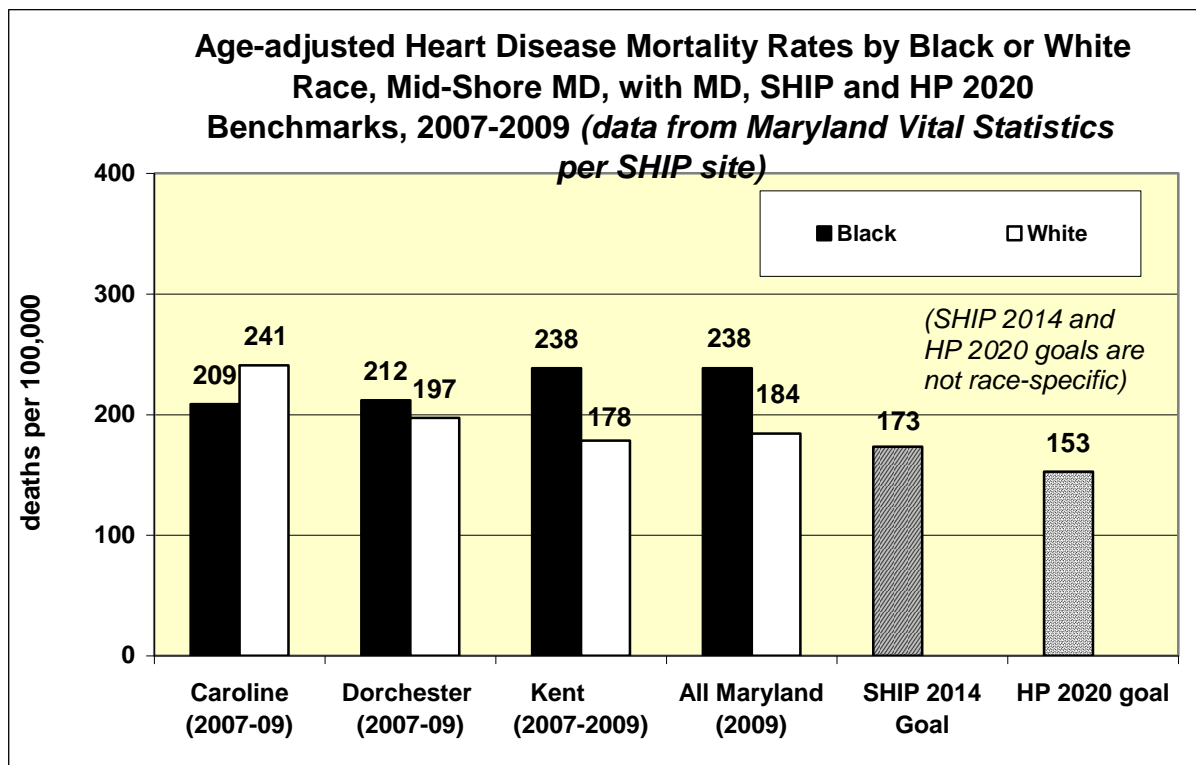
The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene is committed to assisting the SHIP local planning groups in identifying issues of poor minority health and minority health disparities in their jurisdictions, and incorporating effective minority health improvement strategies into their local health improvement plans.

As a first step in this assistance process, MHHD is providing this document - *Charts of Selected Black vs. White Chronic Disease SHIP Metrics* - which provides a graphical display of the Black and White baseline values for selected chronic disease SHIP metrics in the Middle Eastern Shore counties. The included metrics are heart disease and cancer mortality rates, emergency department visits for diabetes, hypertension, and asthma, and the percent of adults at healthy weight or who are current smokers.

We have chosen to focus on these chronic disease metrics for two reasons. The first is that they represent leading causes of mortality (heart disease and cancer mortality, hypertension as a risk factor for stroke), leading causes of preventable utilization (diabetes, hypertension and asthma), or risk factors for a variety of chronic diseases (diabetes, hypertension, smoking and obesity). The second is that these metrics are consistent with the areas of emphasis of the Health Disparities Workgroup of the Maryland Health Quality and Cost Council. In their report, available at <http://www.dhmh.maryland.gov/mhqcc/Documents/Health-Disparities-Workgroup-Report-1-12-2012.pdf>, the Workgroup identified lung disease (especially asthma), cardiovascular disease, and diabetes as areas with exceptionally large disparities in preventable hospitalizations. Improving minority outcomes in these areas will both reduce disparities and result in cost savings.

It has been said that a picture is worth a thousand words. It is hoped that this graphical display of these local SHIP minority health metrics will help the local planning groups identify some of the important minority health issues in their jurisdictions.

Heart Disease Mortality



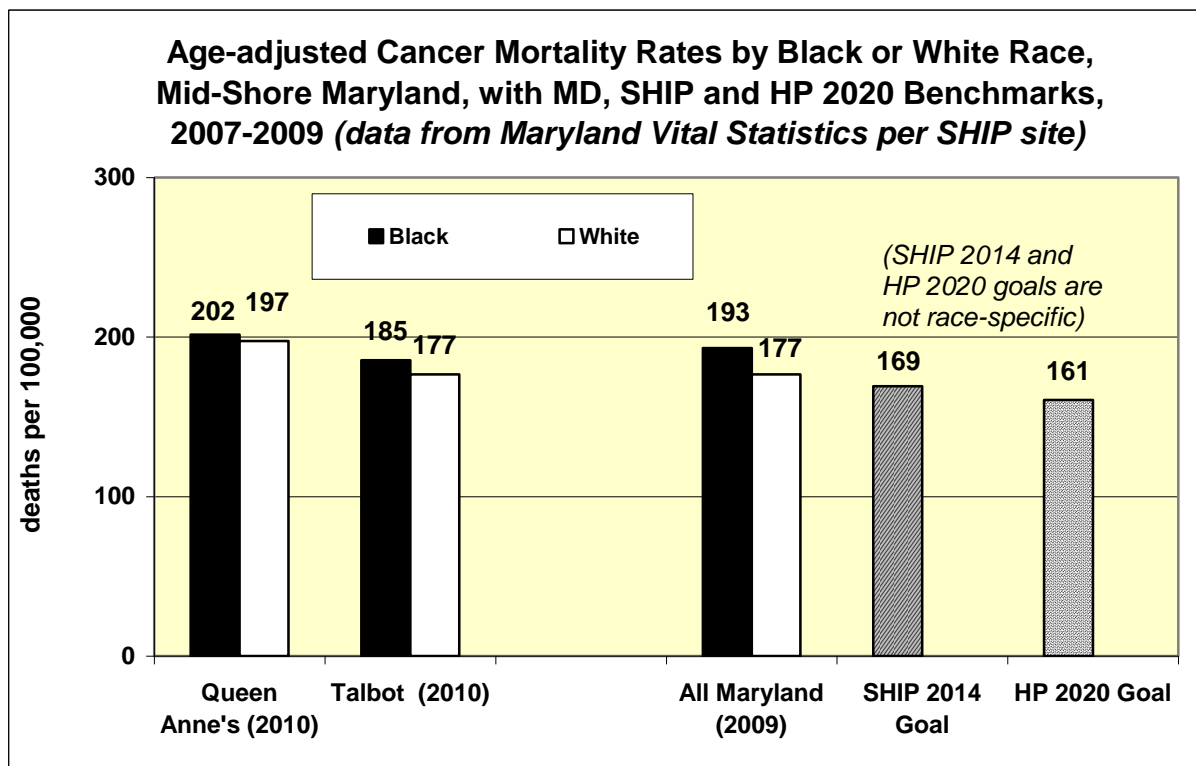
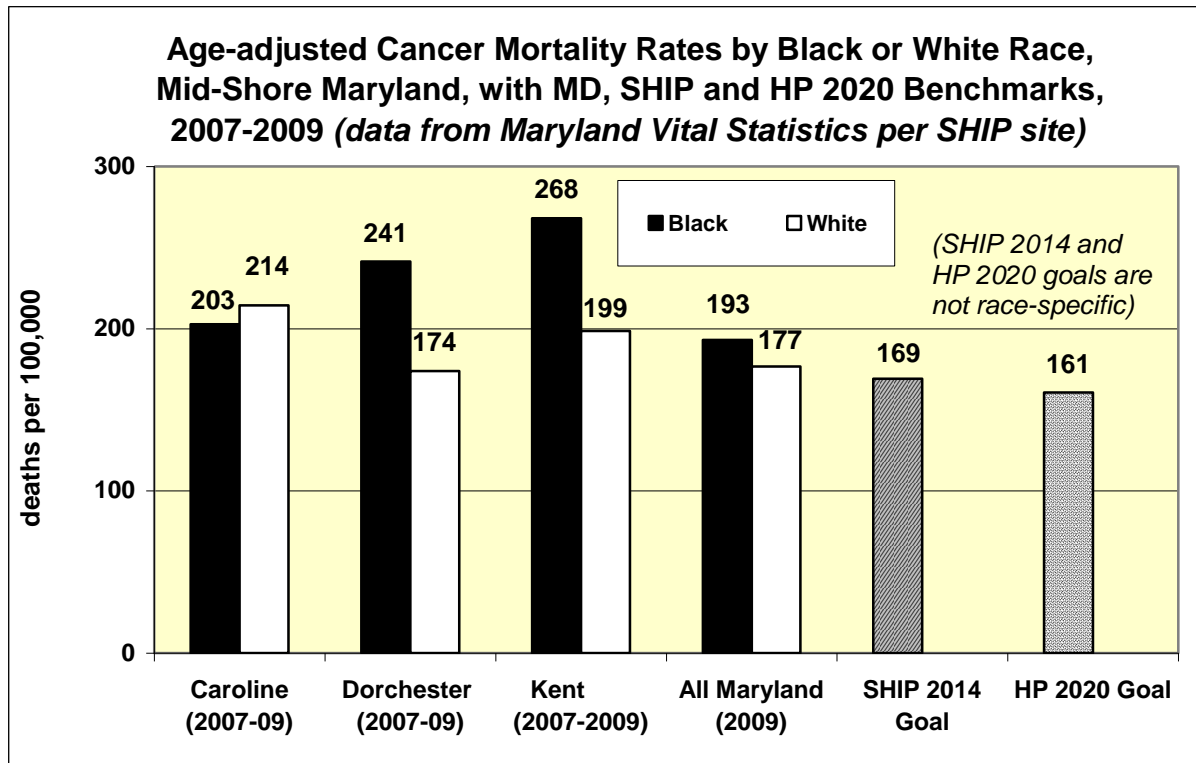
The charts above are a display of the heart disease mortality SHIP metric values (Objective 25) as published in the current SHIP County Health Profiles for the five Mid-Shore Maryland counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Black rates compared to benchmarks: The Black rates are at or below the Statewide Black rate (238) with the exception of Talbot County (249), which is above the Statewide Black rate. The Black rates are above (worse than) the SHIP 2014 goal (173) and the HP 2020 goal (153) with the exception of Queen Anne's County (138) which is lower (better) than both. In counties with small Black populations, random year-to-year variation can be substantial, and so these results may not be consistent with past or future results.

White rates compared to benchmarks: The White rates are above (worse than) the Statewide White rate (184) in Caroline (241) and Dorchester (212), and below (better than) the Statewide White rate in Kent (178), Queen Anne's (175) and Talbot (161). The White rates are better than the SHIP 2014 goal (173) in Talbot, near the goal in Queen Anne's and Kent, and worse than the goal in Caroline and Dorchester. All White rates are above the HP 2020 goal (153).

Black to White comparisons within counties: The Black rate is lower than the White rate in Caroline and in Queen Anne's; but only Queen Anne's has a Black rate at the SHIP 2014 and HP 2020 goals. The Black rate being lower in Caroline is due to Caroline having an unusually high White rate, rather than a particularly good Black rate. The Black rate is higher than the White rate in Dorchester, Kent, and Talbot. The largest Black vs. White rate difference is seen in Talbot. For this metric, Talbot has both one of the better White rates in the State, and one of the worst Black rates in the State.

Cancer Mortality



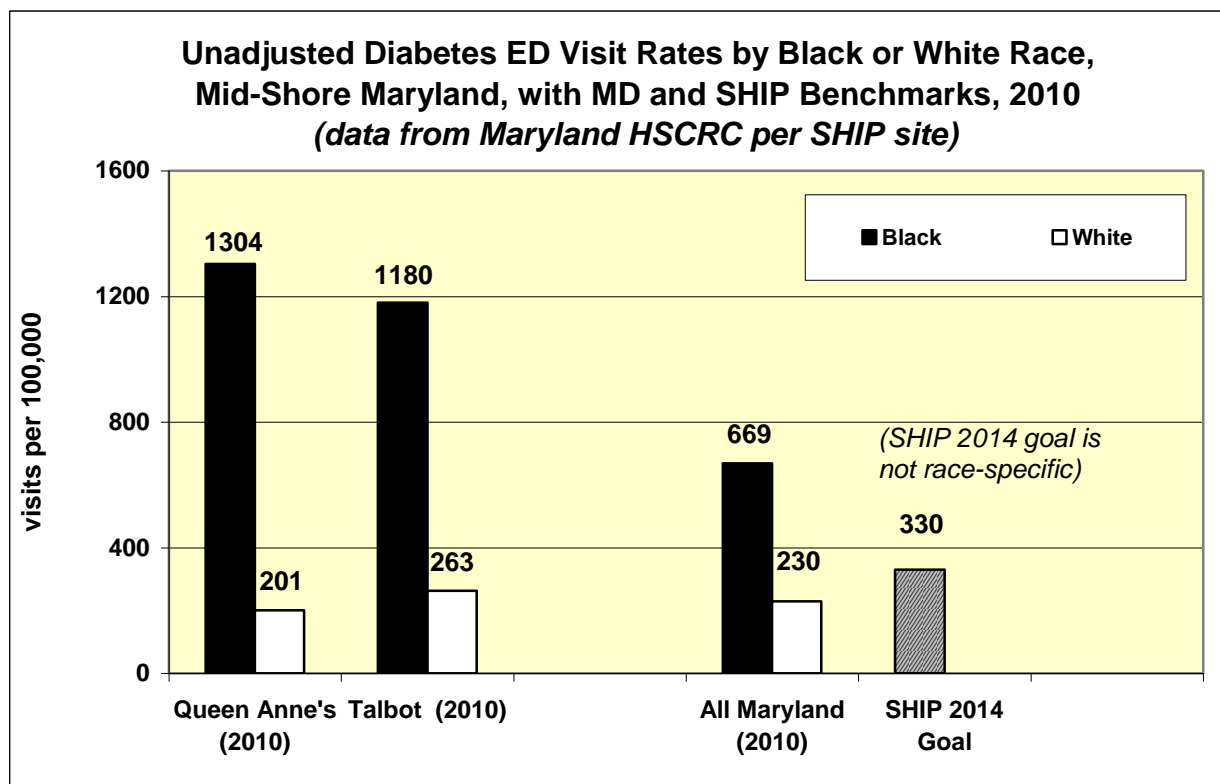
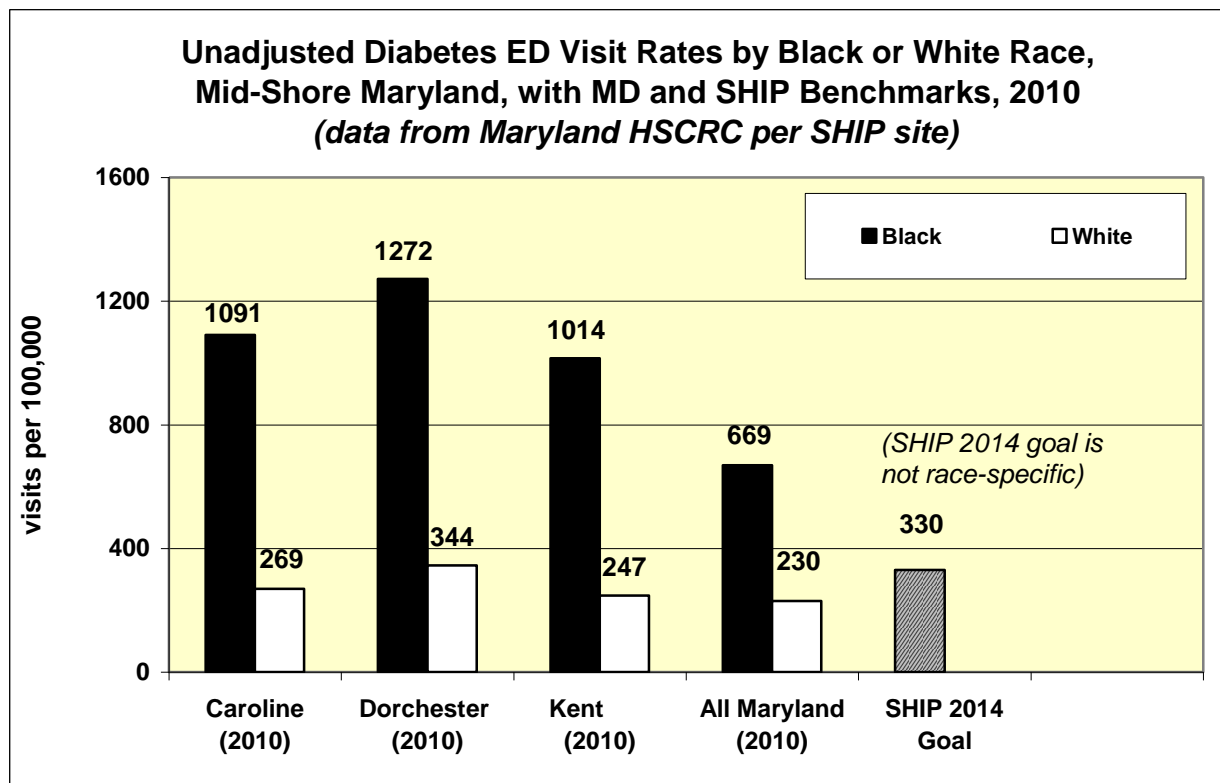
The charts above are a display of the cancer mortality SHIP metric values (Objective 26) as published in the current SHIP County Health Profiles for the five Mid-Shore Maryland counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Black rates compared to benchmarks: The Black rates are above (worse than) the Statewide Black rate (193) with the exception of Talbot County (185), which is below the Statewide Black rate. The Black rates are all above (worse than) the SHIP 2014 goal (169) and the HP 2020 goal (161). In counties with small Black populations, random year-to-year variation can be substantial, and so these results may not be consistent with past or future results.

White rates compared to benchmarks: The White rates are above (worse than) the Statewide White rate (177) in Caroline (214), Kent (199), and Queen Anne's (197); and similar to the Statewide White rate in Dorchester (174) and Talbot (177). The White rates are above (worse than) the SHIP 2014 goal (169) and the HP 2020 goal (161) in each of the Counties.

Black to White comparisons within counties: The Black rate is lower than the White rate in Caroline. The Black rate being lower in Caroline is due to Caroline having an unusually high White rate, rather than a particularly good Black rate. The Black rate is higher than the White rate in Dorchester, Kent, Queen Anne's and Talbot. The largest Black vs. White rate difference is shared between Dorchester and Kent.

Diabetes ED Visits



The charts above are a display of the Diabetes Emergency Department (ED) visit SHIP metric values (Objective 27) as published in the current SHIP County Health Profiles for the five Mid-Shore Maryland counties. Unadjusted ED visit rates are shown for Black or White race, along with race-specific Maryland Statewide rates and the SHIP 2014 goal.

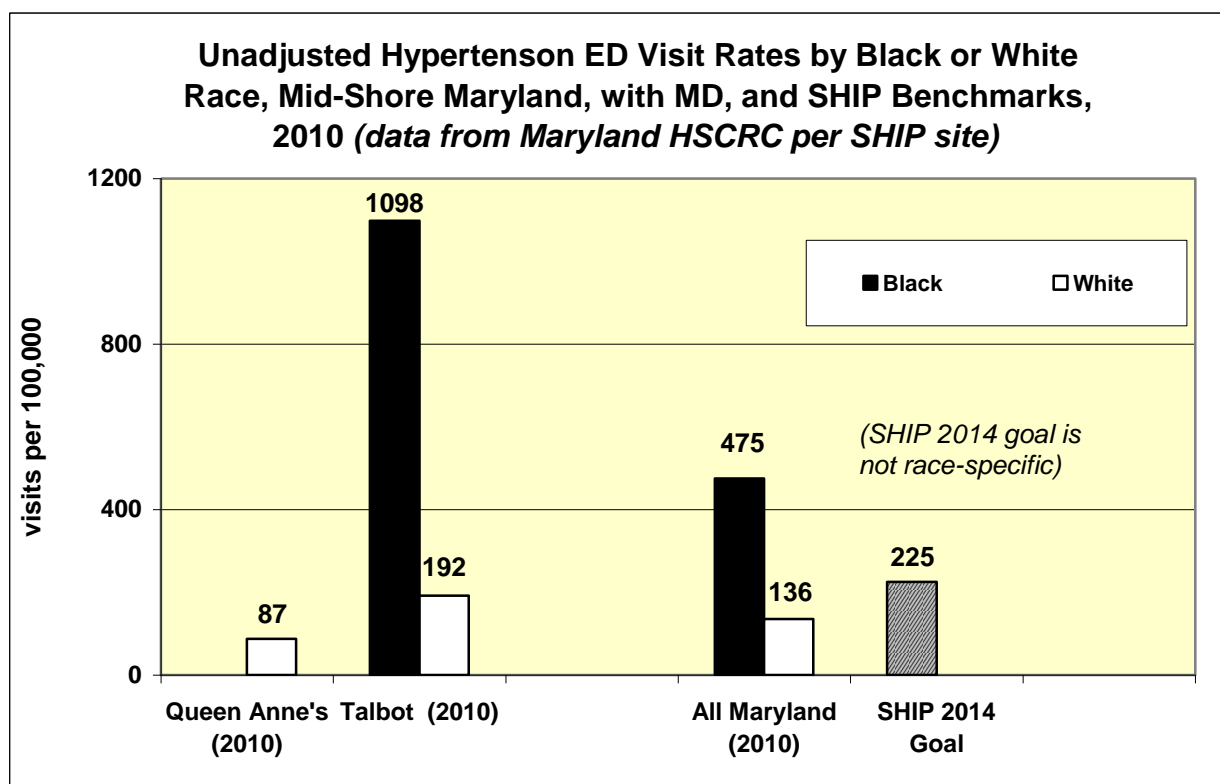
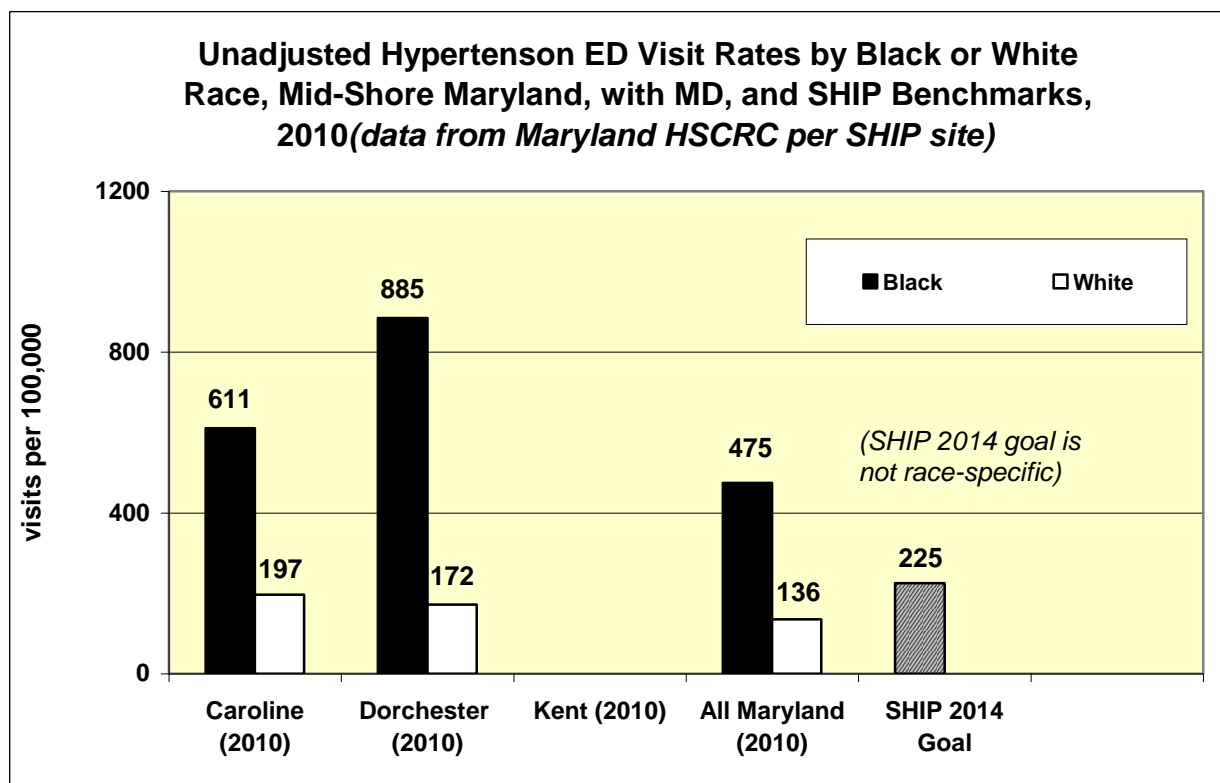
There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data).

Black rates compared to benchmarks: The Black rates are substantially higher (worse than) the Statewide Black rate (669) in all five counties. The Black rates are all above (worse than) the SHIP 2014 goal (330).

White rates compared to benchmarks: The White rates are above (worse than) the Statewide White rate (230) with the exception of Queen Anne's (201). The White rates are lower (better) than the SHIP 2014 goal (330) except for Dorchester (344). This is because the high Black rates statewide skewed the SHIP Statewide all-race goal upward so the goal is higher than the current Statewide White rate.

Black to White comparisons within counties: The Black rate is dramatically higher than the White rate in all five counties. The largest Black vs. White rate difference is seen in Queen Anne's, where the difference exceeds 1000 per 100,000.

Hypertension ED Visits



The charts above are a display of the Hypertension Emergency Department (ED) visit SHIP metric values (Objective 28) as published in the current SHIP County Health Profiles for the five Mid-Shore Maryland counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 goal. Data were insufficient by race for Kent, and insufficient for Black race in Queen Anne's.

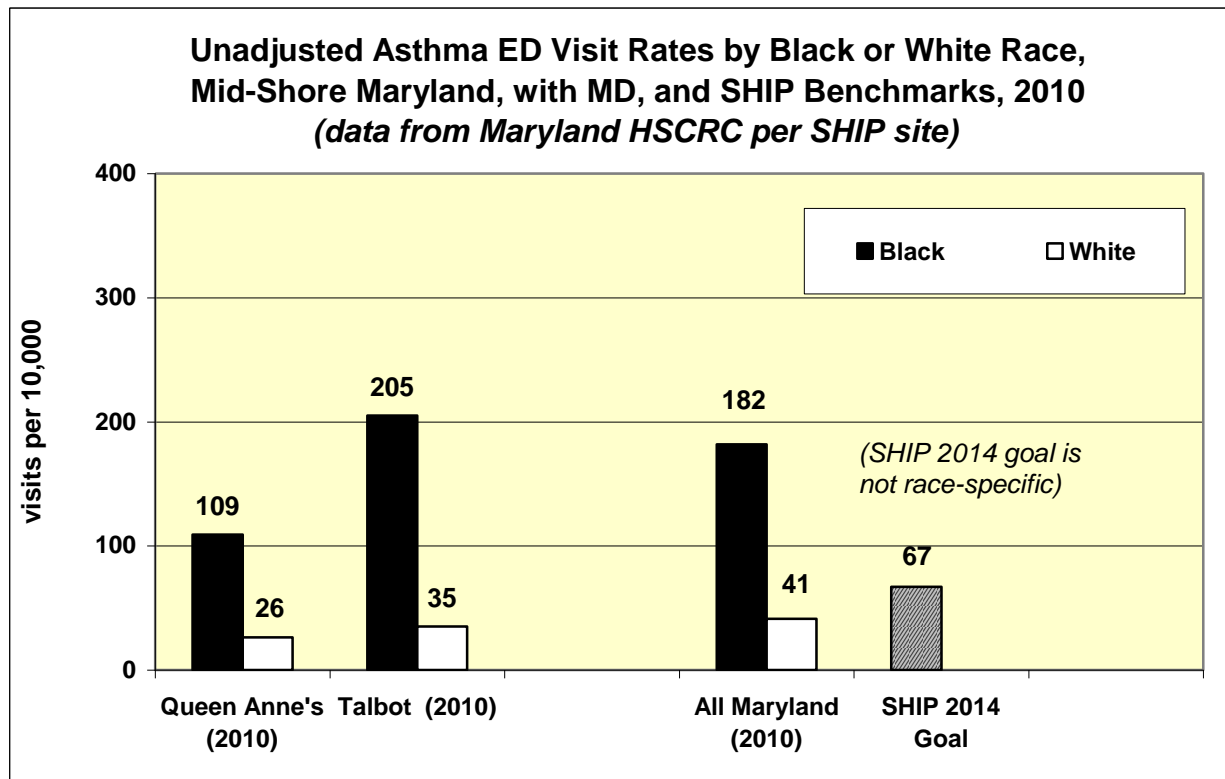
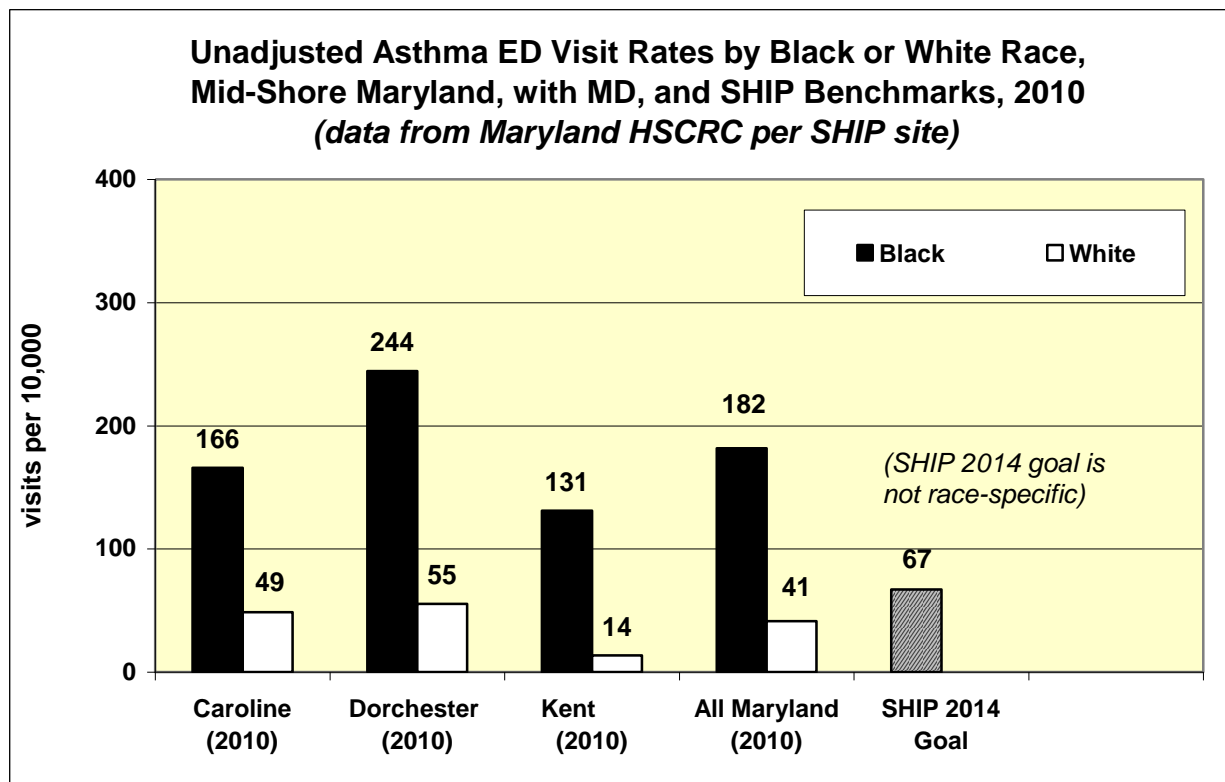
There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data).

Black rates compared to benchmarks: The Black rates are higher (worse than) the Statewide Black rate (475) in all three counties where Black data are sufficient. The Black rates are all above (worse than) the SHIP 2014 goal (225).

White rates compared to benchmarks: The White rates are above (worse than) the Statewide White rate (136) in Caroline (197), Dorchester (172) and Talbot (192); the White rate is lower in Queen Anne's (87). The White rates are lower (better) than the SHIP 2014 goal (225) in all four counties with White data. This is because the high Black rates statewide skewed the SHIP Statewide all-race goal upward so the goal is higher than the current Statewide White rate.

Black to White comparisons within counties: The Black rate is substantially higher than the White rate in all counties with Black data. The largest Black vs. White rate difference is seen in Talbot, where the difference exceeds 900 per 100,000.

Asthma ED Visits



The charts above are a display of the Asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the five Mid-Shore Maryland counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and SHIP 2014 goal.

NOTE: For these charts and this metric, the rate is per 10,000 (previous were per 100,000)

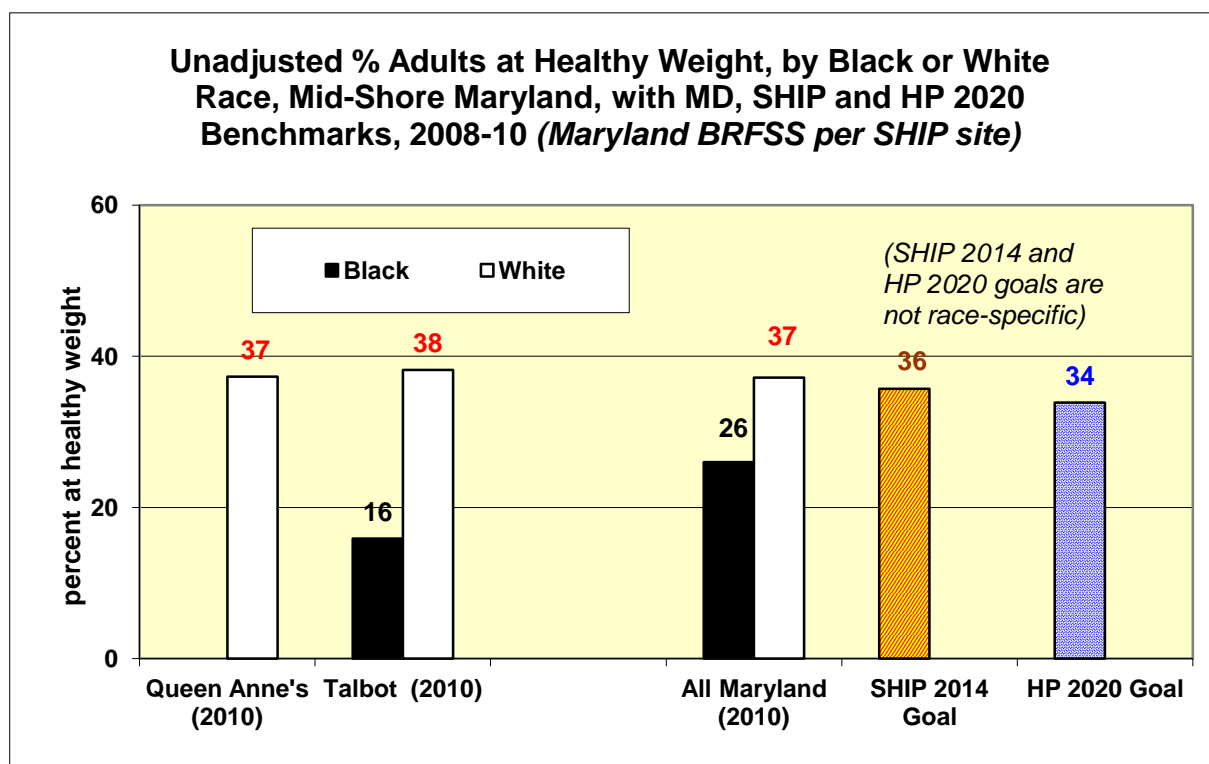
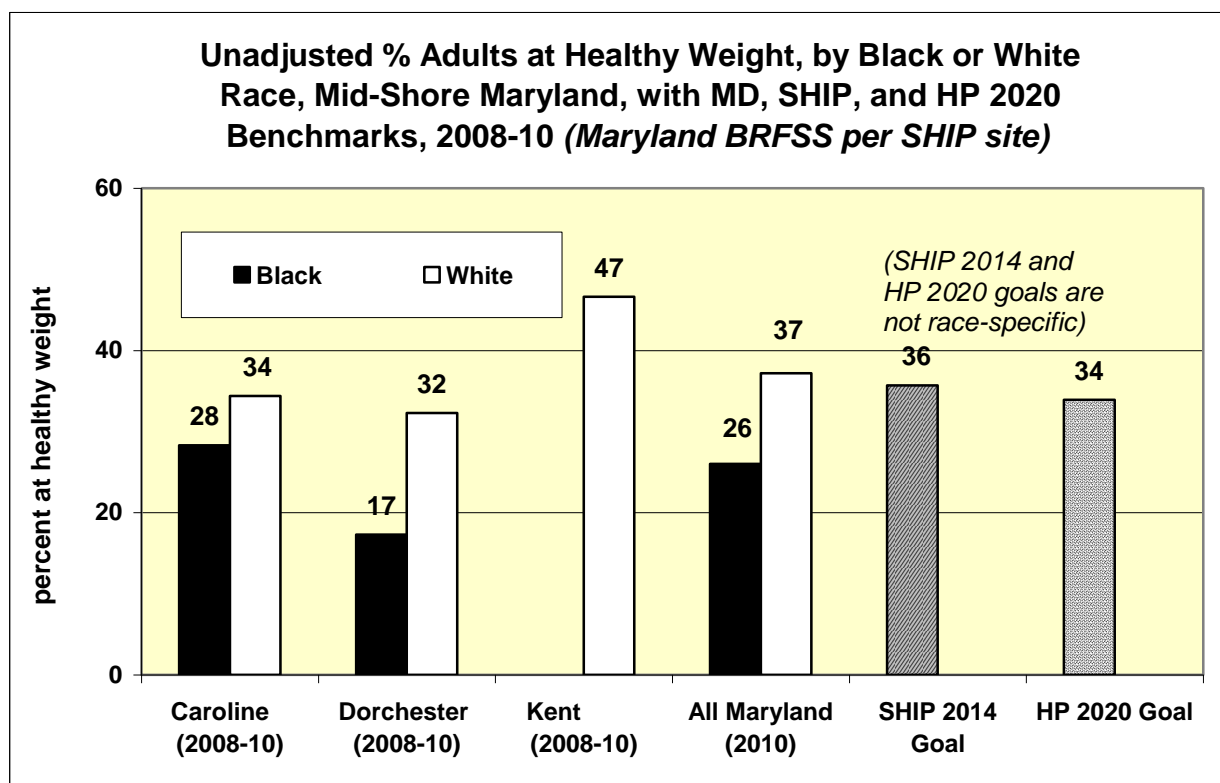
There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data).

Black rates compared to benchmarks: The Black rates are higher (worse than) the Statewide Black rate (182) in Dorchester (244) and Talbot (205), and lower (better) than that rate in Caroline (166), Kent (131), and Queen Anne's (109). The Black rates are all above (worse than) the SHIP 2014 goal (67).

White rates compared to benchmarks: The White rates are above (worse than) the Statewide White rate (41) in Caroline (49), and Dorchester (55); the White rate is lower in Kent (14) Queen Anne's (26) and Talbot (35). The White rates are lower (better) than the SHIP 2014 goal (225) in all five counties. This is because the high Black rates statewide skewed the SHIP Statewide all-race goal upward so the goal is higher than the current Statewide White rate.

Black to White comparisons within counties: The Black rate is substantially higher than the White rate in all five counties. The largest Black vs. White rate difference is seen in Dorchester, where the difference is 189 per 10,000. For comparison to the other ED visit metrics, note that this is equivalent to a rate difference of 1890 per 100,000.

Adults at Healthy Weight



The charts above are a display of the adult at healthy weight SHIP metric values (Objective 30) as published in the current SHIP County Health Profiles for the five Mid-Shore Maryland counties. Unadjusted percent at healthy weight is shown for Black or White race in each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison. Data were insufficient to report Black rates for Kent or Queen Anne's.

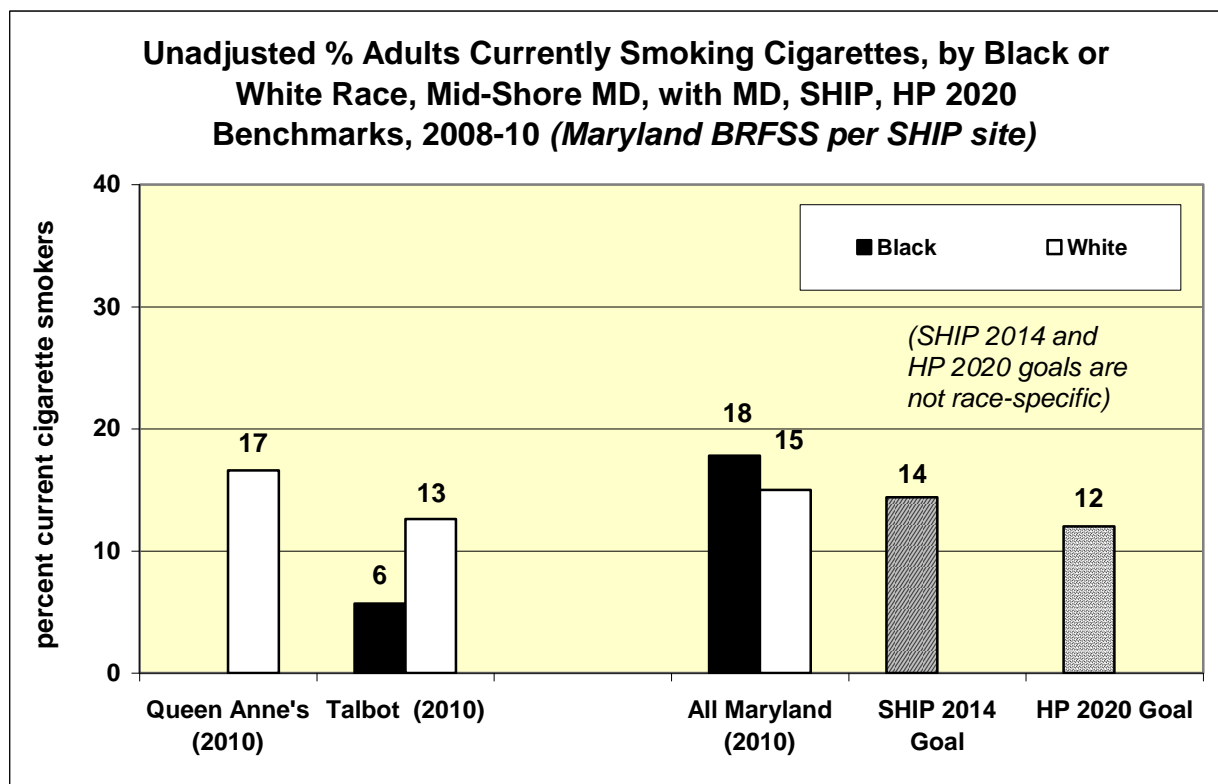
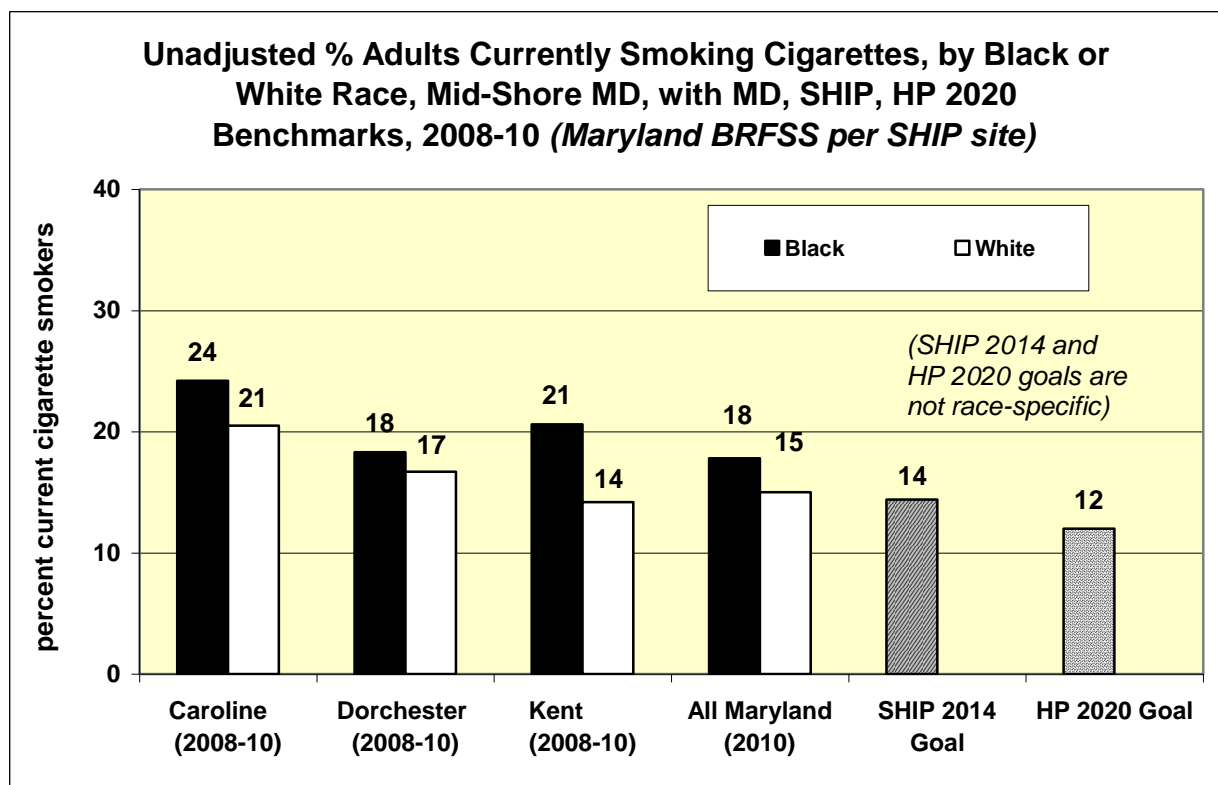
Unlike the other charts in this document, for this metric higher is better.

Black rates compared to benchmarks: The Black rates are lower (worse than) the Statewide Black rate (26%) in Dorchester (17%) and Talbot (16%), and similar to the Statewide rate in Caroline (28%). The Black rates reported are all below (worse than) the SHIP 2014 goal (36%) and the HP 2020 goal (34%).

White rates compared to benchmarks: The White rates are below (worse than) the Statewide White rate (37%) in Dorchester (32%), above it (better than) in Kent (47%) and similar to it in Caroline (34%), Queen Anne's (37%) and Talbot (38%). The White rates are similar to the SHIP 2014 goal (36%) except for Kent (47%) which is higher (better). The White rates are similar to the HP 2020 goal (34%) except for Kent (47%) and Talbot (38%) which are better.

Black to White comparisons within counties: The Black rate is lower (worse) than the White rate in all three counties where Black data are reported. The largest Black vs. White rate difference is seen in Talbot, where the difference is 22 percentage points. In Talbot the Black percent at healthy weight is less than half of the White rate.

Adult Cigarette Smoking



The chart above is a display of the current adult smoking SHIP metric values (Objective 32) as published in the current SHIP County Health Profiles for the five Mid-Shore Maryland counties. Unadjusted percent current smokers is shown for Black or White race for each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison. Data were insufficient to report a Black rate for Queen Anne's.

Black rates compared to benchmarks: The Black rates are higher (worse than) the Statewide Black rate (18%) in Caroline (24%) and Kent (21%); they are lower (better) in Talbot (6%) and similar to the Statewide rate in Dorchester (18%). The Black rates reported are all above (worse than) the SHIP 2014 goal (14%) and the HP 2020 goal (12%) except for Talbot (6%).

White rates compared to benchmarks: The White rates are above (worse than) the Statewide White rate (15%) in Caroline (21%), and similar in the other four counties (13% to 17%). The White rates are above the SHIP 2014 goal (14%) in Caroline (21%), Dorchester (17%) and Queen Anne's (17%), and similar in Kent (14%) and Talbot (13%). The White rates are above the HP 2020 goal (12%) except for Kent (14%) and Talbot (13%) which are similar.

Black to White comparisons within counties: The Black rate is higher (worse) than the White rate in Caroline and Kent, lower in Talbot, and similar in Dorchester. The largest Black vs. White rate differences are seen in Kent (7 percentage point Black disadvantage) and Talbot (7 percentage point White disadvantage).

Conclusions

The charts presented here suggest that some of the largest disparities between Blacks and Whites are seen for emergency department (ED) visit rates for diabetes, asthma and hypertension. In all five counties, the Black rates are typically 3- to 5-fold higher than the White rates.

The adults at healthy weight metric is lower (worse) for Blacks in all three counties where Black data could be reported. None of the jurisdiction Black rates nor the Statewide Black rate meet the SHIP 2014 or HP 2020 goals. For Whites, rates are near to or better than the SHIP 2014 goals and the HP 2020 goal for all of the counties and the State as a whole.

For adult smoking, Blacks rates were higher than White rates in Caroline and Kent, lower in Talbot, and similar in Dorchester. Black rates had variable relationships to the Statewide Black rate, as did White rates to the Statewide White rate.

For heart disease mortality, Black rates are variously higher or lower White rates in the individual counties. In Caroline, the Black rate is lower than the White rate not because the Black rate is particularly low, but because the White rate is unusually high. Black rates are worse than SHIP 2014 and HP 2020 goals except in Queen Anne's. White rates are worse than the SHIP 2014 goals except in Talbot, and worse than the 2020 goal in all five counties.

For cancer mortality, Black rates exceed White rates in Dorchester, Kent, Queen Anne's and Talbot. In Caroline Black rates are lower, again because of a rather high White rate. The Black rates are worse than SHIP 2014 and HP 2020 goals in all five counties. White rates are worse than these goals in all five counties as well.

The very large disparities in ED visit rates seen Statewide are one reason why the Health Disparities Workgroup of the Maryland Health Quality and Cost Council focused on disparities in ED visits and hospital admissions. These are also areas where successful interventions can show benefits in a relatively short time. Interventions that reduce rates of un-insurance, improve provider availability, and provide support for chronic disease self-care at home hold promise to reduce this preventable utilization. These programs need to be adapted to the unique cultural, linguistic, and health literacy needs of minority populations, and delivered to those communities in a targeted way.

There are five general strategies that can be applied to almost any intervention to improve its impact on minority populations:

1. Racial and ethnic data collection, analysis, and reporting;
2. Inclusion of minority persons in planning, and outreach to minority communities in the delivery of programs and services;
3. Cultural, linguistic, and health literacy competency of program staff and materials;
4. Racial and ethnic diversity of the program workforce; and
5. Attention to the social determinants of health.